

Instructions for Using This Adobe PDF Form

The Legal Volunteers Intake Form can be completed in one of two ways:

1. Simply print this document and fill it out by hand, discard this page, and fax or mail the form to the address listed on the next page; OR
2. Use Adobe Acrobat Reader and your keyboard to enter information into the PDF form, then print the document, discard this page, and fax or mail the form to the address listed on the next page.

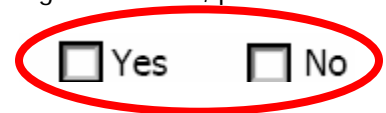
Completing the Form in Acrobat Reader

It is recommended that you have the **Adobe Acrobat Reader version 6 or newer** installed on your computer to complete this form electronically. You may download this software FREE by visiting:

<http://www.IN.gov/judiciary/help/downloads/acrobat.html>.

The Legal Volunteers Intake Form begins on the next page.

1. YOU MAY NOT SAVE YOUR APPLICATION ELECTRONICALLY. Due to limitations in the FREE Adobe Acrobat Reader, you will not be able to save the application with your entries included. For this reason, you should be prepared to fill out the application in its entirety before you begin. However, please note that some fields in the form must be completed by hand.
2. Where you must indicate your response to a question by checking the more appropriate box (yes/no questions) you must use your mouse to select the appropriate option (see image at right).
3. Where you must enter text or numbers, you may place the text cursor in the underlined field by placing your mouse cursor over the field and clicking the left mouse button once. You may then advance forward from field to field by pressing the "Tab" button on your keyboard. You may advance backward by holding down the "Shift" button while you press the "Tab" button.
4. After entering text into the last field in the form, be sure to click the form anywhere outside of a text entry field (near one of the margins, for example). You must do this to ensure that your final entry is finalized in the field; otherwise, it will not print.
5. When you have completed filling out the intake form, describing your situation, and completing the agreement, print the entire document (discard this page), sign where necessary, and submit the form according to the instructions at the bottom of the first page.



PLEASE NOTE: You must complete this application in its entirety, including the personal and financial information on Page 1, the narrative on Page 2, and the Agreement on Page 4. The completed Pages 1, 2, and 4 must be returned to Legal Volunteers either by mail or fax. If any portion of your application is left blank, it will not be evaluated.

[BEGIN FILLING OUT THE LEGAL VOLUNTEERS INTAKE FORM.](#)

Legal Volunteers Intake Form

Do Not Fill in Shaded Areas

| | | | |
|-------|-----|---------|----------|
| DATE: | BY: | FILE #: | PROBLEM: |
|-------|-----|---------|----------|

| | | |
|----------------------|-------------------------|---------------------|
| NAME: | | |
| ANY PRIOR NAMES: | | |
| ADDRESS: | | |
| CITY/ST/ZIP: | | |
| HOW LONG IN INDIANA? | | HOW LONG IN COUNTY? |
| PHONE: | HAVE YOU CALLED BEFORE? | Yes No |

| | | | | |
|-------------------|---------|-----------------|-----------|-------|
| DOB: | GENDER: | CITIZEN? | Yes No | SSN: |
| ETHNICITY: | | MARITAL STATUS: | HOW LONG? | |
| ARE YOU PREGNANT? | Yes No | DISABILITY? | Yes No | WHAT? |

CASE INFORMATION

| | | |
|--------------------|----------------------|----------|
| COUNTY OF CASE: | CASE FILED BY: | CAUSE #: |
| OPPOSING PARTY: | RELATIONSHIP TO YOU: | ADDRESS: |
| OPPOSING ATTORNEY: | | |

Full disclosure is necessary

| | | |
|---|--------------------------------|---------|
| HOUSEHOLD GROSS INCOME: | PER: | SOURCE: |
| OTHER SOURCES? | | |
| How many people do you support? | Ages of children in household: | |
| Who lives in household? | | |
| How many children of this relationship? | Ages: | |

| | | | | |
|---------|----------|----------|---------------|---------|
| ASSETS: | Cash: | Savings: | Auto 1: | Auto 2: |
| | Pension: | House: | Other Realty: | Other: |

| | | |
|---|--------------------------|---------|
| Do you pay any child support? | Yes No | Amount? |
| Have you been in court for this matter? | Yes No | When? |
| Cause #: | Were police ever called? | Yes No |

RETURN THIS DOCUMENT AND THE SIGNED AGREEMENT TO:

Legal Volunteers
1307 East Elm Street
New Albany, IN 47150
FAX: 812-945-5787

Legal Volunteers Intake Form

TELL US EVERYTHING ABOUT THIS SITUATION IN THE SPACE PROVIDED BELOW:

For Example: Why do you want legal assistance? When did the problem start? Has there been physical abuse?

USE ADDITIONAL SHEET IF NECESSARY



Judicial District 14

1307 East Elm Street
New Albany, IN 47150

Amy W. Roth
Plan Administrator

812-949-2292
Fax: 812-945-5787

Email:
probono14@sbcglobal.net

Re: Legal Assistance

Dear

Legal Volunteers of Judicial District 14 offers legal assistance on a pro bono (free of attorney fee) basis, providing that we accept your case and an attorney is available for your type of case. This attorney will evaluate your legal problem and determine whether or not she or he can assist you.

Our office **cannot** make the referral until you have signed the enclosed Legal Volunteers Pro Bono Retainer Agreement. Guidelines require that we obtain your signatures on the enclosed form before we make the referral. **Make sure that you sign the Declaration of Citizenship in addition to the other authorization.**

Read the Agreement carefully. Sign and date in the appropriate spaces, and return it to our office in the enclosed self-addressed envelope. **Be prepared to follow through with the pro bono attorney as soon as possible. Accepting the referral and not promptly taking steps as required by the attorney will adversely affect the program for future applicants. Do not agree to this referral unless you seriously expect to pursue your legal issue. This referral is for this matter only, and the attorney is under no obligation to represent you in any further proceedings that might develop after your case is closed.**

Return the two-page application and the signed agreement to our office for evaluation and possible referral. Should you have any questions, please feel free to call me at 812-949-2292. Thank you for your cooperation.

Sincerely,

Amy W. Roth, Pro Bono Administrator

Enclosure

P.S. PLEASE NOTE THAT OUR OFFICE HAS NOT AGREED TO ACCEPT YOU AS A CLIENT. AFTER WE RECEIVE THE ENCLOSED SIGNED AGREEMENT, WE WILL ATTEMPT TO REFER YOU TO A PRO BONO ATTORNEY. IF A REFERRAL IS MADE, THE DECISION TO ACCEPT YOU AS A CLIENT IS SOLELY DETERMINED BY THE PARTICIPATING ATTORNEY. THEREFORE, IF YOU HAVE A COURT HEARING OR A DEADLINE TO MEET WITH REGARD TO YOUR LEGAL MATTER, YOU SHOULD MAKE EVERY ATTEMPT TO OBTAIN PRIVATE COUNSEL OF YOUR OWN CHOOSING.



Judicial District 14

1307 East Elm Street
New Albany, IN 47150

Amy W. Roth
Plan Administrator

812-949-2292
Fax: 812-945-5787

Email:
probono14@sbcglobal.net

LEGAL VOLUNTEERS RETAINER AGREEMENT

I, _____, have requested referral to a private attorney through the Legal Volunteers of Judicial District 14 pro bono program for representation in the following matter:

I understand that the pro bono attorney will review and evaluate my case and determine whether or not to accept me as a client. I further understand that Legal Volunteers is responsible for the referral only and has absolutely no authority over the pro bono attorney's decision to accept or decline legal assistance. The nature of the services to be provided will be determined by the pro bono attorney on an ongoing basis.

I may terminate this agreement at any time. I understand that I have the responsibility to inform Legal Volunteers of any change in my household, income, and resources. I understand and agree that if I become financially ineligible for representation by Legal Volunteers, they may terminate this agreement. Additionally, if I become ineligible for services for any reason specified in federal law or federal regulation, Legal Volunteers may have to withdraw the referral made to the pro bono attorney.

DATE: _____

CLIENT SIGNATURE

AMY W. ROTH
LEGAL VOLUNTEERS
REPRESENTATIVE

CLIENT AUTHORIZATION AND RELEASE

I, _____, authorize Legal Volunteers to release records and information pertaining to my case to the pro bono attorney(s).

DATE: _____

CLIENT SIGNATURE

DECLARATION OF CITIZENSHIP

I hereby declare that I am a citizen of the United States.

DATE: _____

CLIENT SIGNATURE

Major funding for this program is provided by the Indiana Bar Foundation